

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/048113

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
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18		17				
19		18				
20		19				
21	1					
22		1	1			
23		2		1		
24		3		2		
25		4		3		
26		5		4		
27		6		5		
28		7		6		
29		8		7		
30		9		8		
31		10		9		
32		11		10		
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44		23		22		
45		24		23		
46		25		24		
47		26		25		
48		27		26		
49		28		27		
50		29		28		
TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS			21			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY